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PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 60686CIP(46866)
Application Number	10/730,070-Conf. #2948	Filed December 9, 2003
For SANDWICH ASSAYS FOR COLLAGEN FRAGMENTS		
Art Unit	1655	Examiner L. N. Leary
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120 Small Entity Fee \$60 \$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450 \$225 \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020 \$510 \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590 \$795 \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160 \$1080 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1105</u> . I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
	<input type="checkbox"/>	attorney or agent of record. Registration Number _____
	<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ 34,558 .
<u>Gregory B. Butler</u> Signature		Date <u>October 28, 2005</u>
<u>Gregory B. Butler, Ph.D.</u> Typed or printed name		Telephone Number <u>(617) 439-4444</u>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.	

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